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NASHVILLE JOURNAL

OF

MEDICINE AND SURGERY

CHARLES S. BRIGGS, A. M., M. D., Editor and Proprietor
E. S. McKEE, M. D., Cincinnati, Associate Editor

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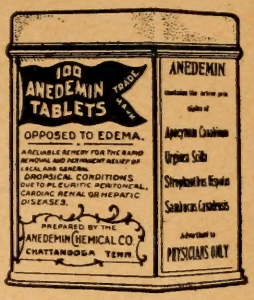

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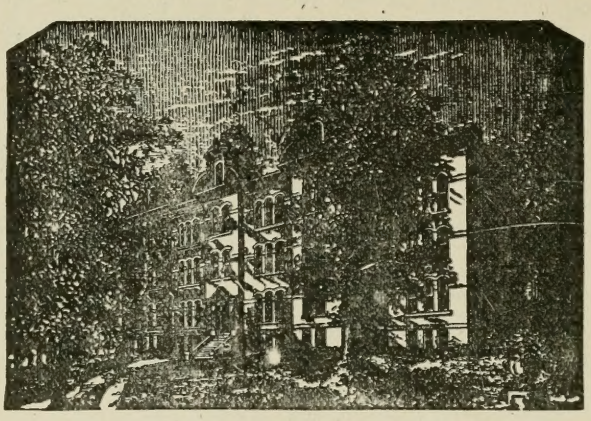

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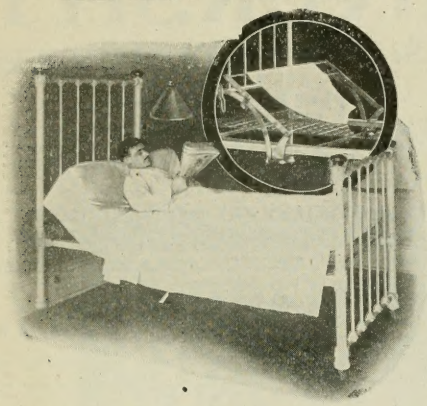

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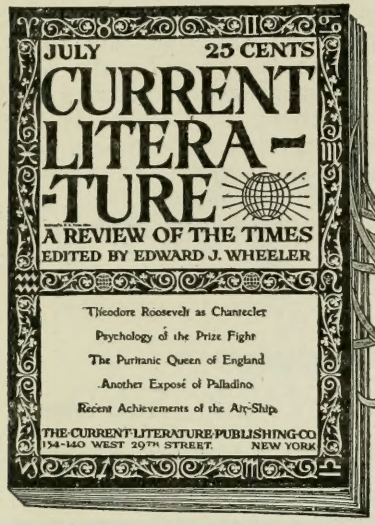
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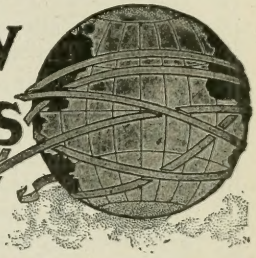

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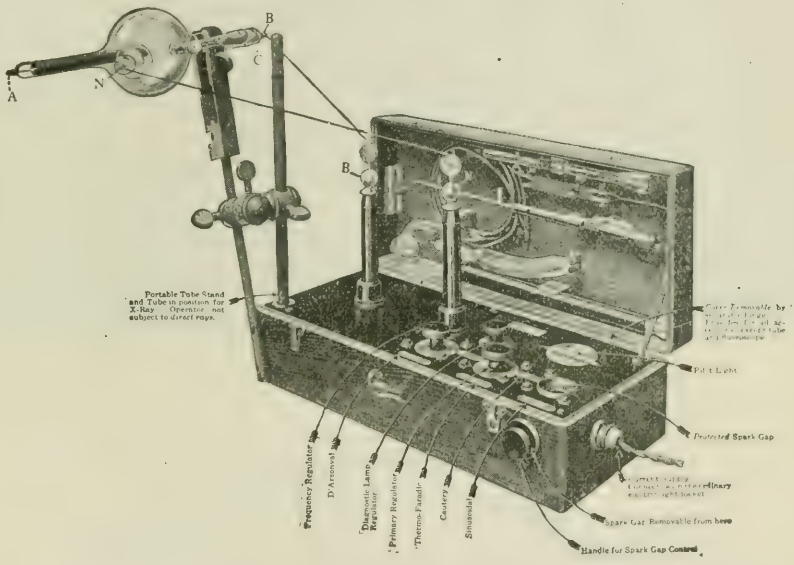

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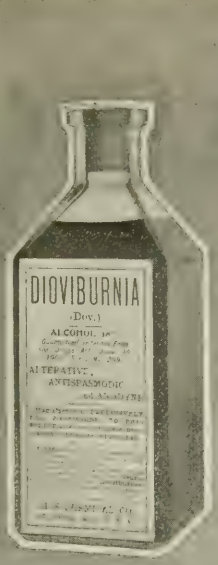

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CHARLES S. BRIGGS, A. M., M. D., Editor

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Original Communications

A PRIVILEGED MEDICAL CLASS—THE LATEST MOVE OF MEDICAL TRUST MONOPOLY—A WARNING TO THE PROFESSION, THE PUBLIC, AND ESPECIALLY TO STATE LEGISLATURES AND MEDICAL EXAMINING BOARDS.

BY G. FRANK LYDSTON, M.D.,

Professor of Genito-Urinary Surgery, College of Physicians and Surgeons, Chicago, Ill.

The attempt by certain medical monopolists to "corner" everything pertaining to medicine and surgery in the United States is so flagrant that it is marvelous that the rank and file of the profession does not wake up. Medical schools, health boards, medical journalism, medical publishing, medical advertising, medical appointments of all kinds; the Medical Octopus is after them all —and is likely to get them all, while the profession sleeps.

One might suppose that the Medical Department U. S. Army could not be made the playground of the Medical Octopus. Not so, however; in the near future I shall prove to the citizens of this country that the Medical Department of the Army is dominated by, and subverted to the base uses of, the dominant American ring of medical politicians. I ask the profession to read and carefully weigh the proof which I shall later submit.

I shall herein limit myself to the presentation of as pretty a little scheme of professional graft as ever has been sprung upon an unsuspecting public and long suffering profession; I refer to the establishment of a privileged class from the army, navy and marine hospital medical services,* and the proposed attempt to add to this class the Medical Reserve Corps, U. S. A., and to further extend the privileges of all of these branches of the government medical services.

I am of those who believe that the army, navy, or marine hospital surgeon should be exempt from the license requirement for the practice of medicine only so long as he confines his work to his official duties. The various state laws provide for this. The Illinois law, at least, so provides.

WITHOUT A LICENSE NO MEDICAL OFFICER OF THE U. S. GOVERNMENT SHOULD BE PERMITTED TO PRACTICE AMONG CIVILIANS. WITH A LICENSE HE WOULD NOT BE PERMITTED TO PRACTICE AMONG CIVILIANS SO LONG AS HE IS IN OFFICE AND DRAWING A SALARY FROM THE GOVERNMENT. WHEN HE DOES SO PRACTICE, HE IS A GRAFTER ON THE GOVERNMENT, THE PUBLIC AND THE PROFESSION. A LICENSE SHOULD NOT BE ISSUED TO HIM WITHOUT THE USUAL EXAMINATION.

The impudence of those who claim undemocratic "special privileges"* for government officials is monumental. Are the army, navy, or marine hospital services such excellent fields for medical training that medical officers of the government are entitled to "special privileges?" WHAT AN ENORMOUS EXPERIENCE GOVERNMENT MEDICAL OFFICERS HAVE IN OBSTETRICS, GYNECOLOGY, AND PEDIATRICS!

No government official should be permitted to do civil practice, as will be seen later, yet, it is gravely proposed, not only to permit him to compete with the civil practitioner, but to grant him privileges which are denied the latter! Once the medical officer —or former medical officer—is launched in private practice, he would be protected from competition by the rigid examination for a license to which would-be civil competitors are subjected.

*See 3 a. Ill. Med. Prac. Law, 1907. Still in force.

*See letter from Surgeon General U. S. A., hereinafter presented.

The Medical Reserve Corps, U. S. A., was a scheme of the Medical Octopus by which it proposed:

1. To get its tentacles onto the army, and thereby creep close to the throne in Washington.

2. To get more political influence through the large numbers and wide ramifications of the corps, and more power by having more bribes to dispense, wherewith to win satellites and prestige. As I will prove, in a paper now in preparation, it has done these things most effectually.

THE FIRST BATCH OF APPOINTEES TO THE MEDICAL RESERVE CORPS OF CHICAGO, COMPRISED THE EDITOR-MANAGER-BOSS OF THE A. M. A. AND TWELVE OF HIS OFFICIAL FAMILY, ONLY ONE OF WHOM HAD EVER WORN ANY UNIFORM SAVE THE "COLLAR" OF THE A. M. A. EVERY LOCAL OFFICIAL OF THE A. M. A. IS NOW IN THE MEDICAL RESERVE CORPS ASSOCIATION OF CHICAGO, WHICH NUMBERS 112 MEMBERS, TO SAY NOTHING OF MEMBERS AT LARGE WHO HAVE NOT JOINED THE ASSOCIATION. THE FIRST PRESIDENT OF THE ILLINOIS DIVISION OF THE RESERVE COBPS WAS AN EX-PRESIDENT AND EX-TREASURER A. M. A. ITS PRESENT VICE-PRESIDENT IS A PAID EMPLOYE OF THE A. M. A. WHAT PREVAILS HERE IS DUPLICATED IN EVERY STATE IN THE UNION.

As to the personnel of the Illinois Reserve Corps Association, its roster contains the names of the following: the Editor-Manager-Boss of the A. M. A.; two Ex-Presidents of the A. M. A.; (One a former Treasurer of the A. M. A.); the Assistant Secretary of the A. M. A.; the local Trustee of the A. M. A.; two Associate Editors of the A. M. A.; a former Trustee of the A. M. A.; two editors of subsidiary journals of the A. M. A.; the Chairman of the Committee of Public Health of the A. M. A.; the Chairman of the Committee on Education of the A. M. A.; (and Ex-Chairmen galore); a member of the Council of Chemistry and Pharmacy, A. M. A.; three Secretaries of Sections, A. M. A. IN BRIEF, EVERY CHICAGO MEMBER OF THE OLIGARCHIC RING, AND PRACTICALLY EVERY ONE OF ITS SATELLITES, IS IN THE ILLINOIS R. C. A.!

The army commissions held by the Medical Reserve Corps confer essentially the same rights and privileges as all other army

commissions, although the latter are earned by examination and the former are unearned. That the Surgeon General, working in conjunction with the A. M. A., wishes these privileges to be unlimited and unfair to the profession at large will be seen later.

Commissions in the Reserve Corps are supposed to be issued after a rigid examination. The majority of the Chicago contingent were not examined at all—not even physically. Any examination which may have been given in most cases was a farce. So far as I can ascertain, only two were examined as is pretended to be prescribed by law, and these gentlemen were not examined in Chicago. The "examining board" in most cases was a single army medical officer, and the examination essentially consisted of "How do you do? What is your name? Good day."

N. B.—Part 14, Manual for the Medical Dept., U. S. A., provides for an examination for the Medical Reserve Corps as follow::

Medical Reserve Corps.

(*b*)

"The statement and certificate having been given and the diploma submitted, *the board* will then make a *thorough physical examination* of the applicant, *which must conform in all respects to that required of candidates for commission in the Medical Corps* (Par. 5 a).

"If any physical disqualification for the service is found the examination will be discontinued. *The findings and action of the board will be reported on Form 145 a, modified to suit the case.**

(*c*)

"The applicant having been found physically qualified, *the board* will next proceed with his professional examination in the following subjects:

"Practice of Medicine, Surgery, Obstetrics and Gynecology, and Hygiene. *This examination will be oral and sufficiently comprehensive to determine whether, in the opinion of the board,*

"The "modification" depending, I presume, on the acceptability of the candidate to the A. M. A.—L.

the applicant is qualified to practice his profession under the usual conditions of the military service. Should the oral examination in any subject be unsatisfactory, the applicant *may be* required to take a written examination therein."

The profession will kindly notice the "jokers" in sections b and c. Most astounding! A report "modified to suit the case!" An examination for any army commission which, it is claimed, should give a man the right to obtain without examination a license to practice in any State in the Union!

The character and comprehensiveness of the "oral examination" are left to the discretion and judgment—and friendship, personal or political—of the "board"—a solitary individual evidently acting in most cases under instructions to make the examination a matter of form. *No reliable record is made or can be made of this, nor can it be reviewed, because there are no papers to show. Compare this farce with the examinations by the various State Boards,—of California, Illinois, or Minnesota, for instance. I would recommend the consideration of the foregoing to the medical politicians who are knocking the Illinois State Board of Health—especially to the subsidized editor of the Illinois State Medical Journal.*

The men who framed Par. 14 of the Manual for the Medical Dept., U. S. A., were either very unintelligent or very cunning. I fancy they were very cunning. I suspect that anyone with horse sense will recognize the fine Italian hand which inspired and helped to frame the section of the manual for the Medical Department referring to the Reserve Corps.

What has all this to do with the establishment of a privileged class? Read the following letter from Dr. Lewis and the official reply to an inquiry which he made of the Surgeon General, U. S. A.:

Chicago, Ill., January 10, 1913.

Dear Doctor Lydston:

In answer to your letter of December 15, asking me for information relating to the "license" status of the members of the Medical Reserve Corps, I beg leave to submit the answer of the

(Italics mine, L.)

Surgeon General to my query. Relative to your questions as to the examinations for the Medical Reserve Corps, I will state that I, and many others within my knowledge, were not required to pass an examination of any kind. Very truly,

Henry F. Lewis, M.D.,
First Lieut. Medical Reserve Corps, U. S. A.

Letter from the Surgeon General to Lieutenant Lewis:

War Department,
Office of Surgeon General.
Washington, January 7, 1913.

First Lieut. Henry F. Lewis,
Medical Reserve Corps,
4426 Lake Ave., Chicago.

Sir:—The Surgeon General directs me to acknowledge the receipt of your letter of the 2nd inst., and in reply, to say that officers of the Medical Corps and Medical Reserve Corps enjoy no *special privileges* nor exemptions under the law regulating the practice of medicine in the various States of the Union.*

"This is a matter in which this office is very much interested and which has been under consideration for some weeks past. Inasmuch as the regular Medical Corps and Medical Reserve Corps of the Army are composed of *carefully selected men.*† It is believed that *their professional standing ought to be recognized in all States, and it is the intention that this matter shall be taken up with a view of securing legislation to that effect.*

"We rely on you and on every Medical Reserve Corps officer to assist in the good work. It is suggested that you take the matter up with the State Registration Board, submitting your commission in the Medical Reserve Corps, and also your diploma, and if possible get their reply in writing. We would be glad to hear from you further on the subject and to know just what reply you receive.

"It is also suggested that you get in touch with the other promi-

*This is an error. See 3 a. Medical Pract. Act, Illinois.—L.

†Which means, either selected by the A. M. A. or approved by the A. M. A.

nent Medical Reserve Corps officers in the State of Illinois and interest them in the proposition.

Very respectfully,
(Signed) Chas. M. Gandy,
Lieut. Col. Medical Corps, U. S. A.

UPON WHAT MEAT DO OUR MILITARY MEDICAL CAESARS FEED THAT THEY HAVE GROWN SO GREAT THAT THEY SHOULD BE EXEMPT FROM MEDICAL PRACTICE LAWS TO WHICH EVEN GREY HAIRED PROFESSORS MUST SUBMIT?

The naive manner in which the Surgeon General, U. S. A., states that, although army medical officers do not now enjoy "special privileges" they and the Reserve Medical Corps members ought to have them should appeal to those American citizens who believe in the principles of democracy and fair play. Speaking of fair play, where do the medical officers of the Navy and of the Marine Hospital Service come in? The Surgeon General does not mention them.

BEHIND THE LOVELY SCHEME OF THE SURGEON GENERAL, U. S. A., STANDS THE POLITICAL RING OF THE A. M. A., WHICH IS PRESCRIBING RIGID MEDICAL LAWS AND HIGH EDUCATIONAL REQUIREMENTS FOR EVERYBODY BUT THE OCTOPUS.

The Medical Practice Act of Illinois permits the State Board of Health to issue, "at its discretion," licenses without examination to medical officers of the Army, Navy, and Marine Hospital services, and to those who have passed examinations for these services. See the "joker?" What a splendid opportunity for favoritism and graft! The present Board can be trusted, but if the gang that has for so long been trying to oust it ever gets control, what then? Even the present Board would better avoid the appearance of evil.

The A. M. A. Medical Reserve Corps can not "put anything over" in Illinois, under the present State Board of Health, for a very peculiar reason. The President of the Board, Dr. Geo. W. Webster, understands the situation, as the following correspondence proves:

(Italics mine, L.)

Chicago, Ill., December 14, 1912.

Dr. Geo. W. Webster,
32 N. State Street., Chicago.

My Dear Dr. Webster:

I am interested in the method of formation of the Medical Reserve Corps, U. S. A. As you are a member of said corps, I take the liberty of asking you the following questions, which I trust you may do me the courtesy of answering:

1. Who constituted the Board which examined you for the Reserve Corps?*

2. Were you submitted to a physical examination, and if so, what was the nature of said examination?

3. If a physical examination was made, was same made a matter of record?

4. Were you examined in medicine and surgery? If so, what was the nature of said examination and in what subjects were you examined?

5. Was the examination oral or written?

6. Was a record made of your examination and markings?

Trusting that you may see fit to give me an early reply to the foregoing query, I am, Very fraternally,

G. Frank Lydston.

Answer:

Dear Doctor Lydston:

I was not required to take either a medical or a physical examination. Very sincerely,

Geo. W. Webster.

Dr. Webster has since stated that he is not quite certain about the "physical examination." I suspect, however, that his memory is too good to have forgotten the details, had he been submitted to the stripped-to-the-skin, rigid physical examination required by the army regulations. (Note Par. 14 Manual for Medical Dept., U. S. A., already quoted.)

The President of the Chicago Medical Society, a member of

*Dr. Webster did not answer this question, but he and many others have informed me that the formality necessary to enrollment essentially consisted in reporting to the local army medical officer.—L.

the Reserve Corps, is nothing if not an apostle of "harmony," which, as he was elected on a "harmony" ticket, is but natural. I present his answer to my categorical questions:

December 26, 1913.

Dr. G. Frank Lydston,

Dear Doctor:

Answering your esteemed favor of the 14th, inst., I beg leave to say that, as far as I can remember, I complied with all the necessary requirements.

Very fraternally,

Jacob Frank.

I replied as follows:

Dear Dr. Frank:

Would you mind giving me an answer to my inquiry of the 14th inst.? You are at liberty to refuse to answer, but evasion is hardly in good taste or worthy of your intelligence.

Very sincerely,

G. Frank Lydston.

To this I received no answer. No comment is necessary save to state that Dr. Frank in a recent conversation, had assured me that he was not examined.

My associate, Dr. B. S. Rogers, Major and Surgeon 2nd Infantry, I. N. G., informs me that he also was not submitted to examination.

I wrote to a number of others who had informed me that they were not submitted to any examination, but received no reply.

One gentleman who had already told me the facts, called me up by phone and said that he did not care to go on record as he was "afraid the bunch would get him" if he did. Two others, who had already told me the facts, also begged off on the ground that if they went on record it "might hurt their business." Is it not about time that the evil system which is sapping the manhood of the American doctor was overthrown?"

PLEASE REMEMBER, MY GENTLE MEDICAL BROTHER, YOU WHO DO NOT LIKE CONTROVERSIES AND OBJECT TO MY "STRIKING THINGS UP ALL THE TIME," THAT IF YOU WANT TO CHANGE YOUR LOCATION TO ANOTHER STATE YOU MUST STAND AN EXAMINATION FOR

A LICENSE TO PRACTICE. REMEMBER, TOO, THAT THIS EXPOSE OF MEDICAL GRAFT IS OF VITAL INTEREST TO THE ENTIRE PROFESSION.

Is there not a privileged medical class? DO YOU BELIEVE, DOCTOR, THAT THERE SHOULD BE SUCH A CLASS? If not, get busy with your Congressman, and ask him to help break up the Medical Reserve Corps, U. S. A., secure a new law in place of the farcial one in Par 14 of the Manual for the Medical Department, U. S. A., and force the reorganization of the Reserve Corps according to the new law. Also ask your Representative in the State Legislature and your State Health Officers and Medical Societies to oppose the plan outlined in the letter of the Surgeon General to Dr. Lewis. Ascertain also, whether or not there is a "joker" in your State law, and if there is, try to knock it out.

The following rule bears upon the method of applying for admission to the Reserve Corps, U. S. A.:

"Permission to appear before the board is obtained by letter to the Adjutant General of the Army, which must be in the handwriting of the applicant, giving the date and place of his birth, and the place and State of which he is a permanent resident. He must also furnish certificates, based on personal acquaintanceship, character, and habit."

This is a huge joke. The method followed in Chicago was the selection by the A. M. A. ring, of names "acceptable" to themselves. No one who was *persona non grata* to the Oligarchy ever had an opportunity to submit an application "in writing." *Applications were made and acted on where the alleged "applicant" was ignorant of both the application and the action taken upon it.*

One of the requirements for admission to the M. R. C. of the army pertains to the applicant's age, as follows:

"An applicant for appointment in the Medical Reserve Corps *must be between twenty-two and forty-five years of age."*

N. B.—*Nearly* 70 OF THE 112 MEMBERS OF THE CHICAGO ASSOCIATION ARE ABOVE THE AGE LIMIT. THE FOUNDATION OF YOUTH IS THE FAVOR OF THE A. M. A. RING. THE GHOST OF PONCE DE LEON WILL PLEASE TAKE NOTICE.

THE MEDICAL RESERVE CORPS, U. S. A., AS AT PRESENT CON-

(Italics mine, L.)

STITUTED, IS A FARCE, AND MERELY A KITCHEN FOR THE MEDICO-POLITICAL TRUST MONOPOLY—A KITCHEN IN WHICH TO PREPARE ITS SCHEMES OF GRAFT, POWER, REVENGE AND POLITICS.

Graft is the acquirement of money, honors, property or any emolument without giving the *quid pro quo*. That the Medical Reserve Corps U. S. A. is used for political purposes, I will prove later. When the Medical Department of the Army is used by medical politicians for their own private ends, it is time for the great American citizen and the apathetic American doctor to "sit up and take notice." That this has been done, and that the Medical Department of the Army is at present under the control of the Octopus, I will shortly demonstrate beyond peradventure of doubt.* I am curious to see whether the rank and file of the profession believes in the methods of the men who are trying to dominate and monopolize American Medicine. I am still more curious to learn whether or not the rank and file really likes to have their rights as American citizens trampled on.

If there are to be any special privileges, why not have a competitive examination and give everybody a chance? Is the Medical Reserve Corps, U. S. A., to be the only department of the medical service to which the politically chosen few can be appointed—and after a fake examination, or without any examination? And why not give the preference to men or military experience rather than to obstetricians, neurologists, pediatricians, ophthalmologists, and gynecologists? Military experience and a knowledge of military surgery are not mentioned in the examination requirements.

Instead of working for special privileges for its own immediate family and satellites, the A. M. A. political coterie should devote its attention to the legitimate endeavor to obtain reciprocity between the states. The present system is as absurd as it is unfair, and unworthy of the intelligence of a learned profession.

It remains to be seen whether the new administration will approve of the Medical Department of the army being made a kitchen for medical politics.

*I will also show that an attempt was made to bribe me to keep quiet.—L.

DO THE PRIVILEGED MEDICAL CLASS AND MEDICAL MONOPOLY ACCORD WITH THE PRINCIPLES OF DEMOCRACY AND THE SPIRIT OF TRUE AMERICAN CITIZENSHIP?

In conclusion, I would ask the medical officers of the army how they like the placing of the farcical Medical Reserve Corps on the same plane with themselves? Do they approve of the Surgeon General's A. M. A. political scheme? Do they really believe that even they themselves should enjoy special privileges—privileges denied to other medical men? IF SO, WHY?

Of this much Washington may be assured, viz.: Behind the protest which I have made herewith will stand several million fair minded American citizens and every physician in this country, in or outside the A. M. A., who is not a beneficiary of medical trust politics. *The new administration would do well to count these me before passing on what I have herewith submitted.*

AND THERE IS MORE EVIDENCE TO FOLLOW, ALL IN GOOD TIME.

32 N. State Street, Chicago.

Proceedings of Societies

CINCINNATI ACADEMY OF MEDICINE.

Meetings for January, 1913.

Dr. M. L. Heidingsfeld read a paper on "The Role of Neosalvarsan in the Treatment of Syphilis." Dr. Heidingsfeld takes the ground that neosalvarsan has established itself as a very valuable drug in the treatment of practically all stages of syphilis. It is no longer a question of "Should it be used," but rather how large should the dose be, and how often should it be repeated. He advocated the intravenous method in all cases except infants and children, and a few cases in women where the veins are hard to find. In these cases use oil suspension or concentrated aqueous solution hypodermically. The frequency of dose depends on the stage of the disease. He said that in a number of cases where the neosalvarsan was given early, before a Wasserman was positive, that one dose might cure. He urges the use of freshly distilled water (not over twenty-four hours old). A Wasserman should be made every thirty days to have a proper knowledge of the progress of the case.

Dr. Ihle agrees in the main with Dr. Heidingsfeld, and said that the previous use of mercury had little if any influence on the effect of neosalvarsan. Every case should be carefully followed, and the progress of treatment gauged by the knowledge gained by the Wasserman test.

Dr. E. H. Shields complimented the essayist on his results, because other men had not gotten such favorable results. Stress was laid on the fact that syphilis was a chronic recurring disease, and that a Wasserman may be negative one month and positive the next, or negative for six or twelve months and then get positive. Then at times the giving of salvarsan would change a negative Wasserman to a positive one, which certainly modified the value of the test. He can't understand why foreigners get a larger per cent of cures. He does not believe it necessary to

have freshly distilled water. He thinks neosalvarsan has been a disappointment. His best results were in cases followed by mercury, and that there is a certain definite per cent of danger in the use of the new arsenic compounds. Saturation with mercury is firmly advocated where good results are desired.

Dr. H. K. Stoll wanted to know the effect, if any, of the local treatment by applications of the solutions of salvarsan.

Dr. Broeman believes salvarsan more powerful than neosalvarsan in same size dose. He thinks the essayist overestimates the curative value of neosalvarsan from a single dose. The estreme value attached to freshly distilled water, or the necessity for its use over absolutely sterile distilled water is not very easy to understand, nor has Dr. Broeman had any untoward symptoms from ordinary distilled water.

Dr. A. L. Knight said the brilliant results obtained from the use of salvarsan and neosalvarsan certainly mark their superiority.

Dr. L. G. Henn believes that failures are due to the peculiar pathology and location in the tissues of the spirochetæ, which are not reached by the neosalvarsan, owing to the more or less blood-free tissue in some of the lesions, due to change in the blood vessels from syphilitic infection and consequent degeneration.

Dr. A. W. Nelson claims that ordinary distilled water or freshly sterilized water is sufficient. The Wasserman test is valuable, but not practicable for average practice. He does not think it necessary for a man to be able to make a Wasserman before he should feel capable of using neosalvarsan. Nelson, as a rule, follows neosalvarsan with mercury.

Dr. Heidingsfeld, closing, claims that laboratory reports of Wasserman test are not as reliable as those made in his own office. He firmly advocates freshly distilled water to prevent untoward effects. He believes more harm has been done with mercury than with salvarsan. There is little or no difference between 606 and 914. He maintains that a Wassermann should be made every thirty days.

Dr. Robert Sattler presented a patient on whom Dr. S. P. Kramer had done a subtentorial decompression operation.

Dr. M. L. Heidingsfeld reported a case and showed xeroderma pigmentosa in a child three years old; etiology unknown. Intermarriage and heredity were considered. The disease is prone to undergo malignant degeneration.

Dr. Wm. D. Porter delivered an address as retiring president of the Academy, followed by address of Dr. Charles A. L. Reed, president-elect. These addresses will be published by The Lancet-Clinic.

Dr. E. W. Mitchell, by request of the Chair, made some remarks introductory to the presentation of two instruments by the distinguished visitor, Dr. Lilienstein, of Bad Nauheim, who then demonstrated the two instruments on patients brought from the City Hospital for that purpose. The instruments were a phlebostatt for therapeutic purposes and a cardiophone for accuracy of diagnosis in interpreting the heart sounds. The phlebostat acts as an ordinary tourniquet with a manometer attached, and serves to bleed yet save the blood, or as a temporary relief of strain on the heart, by preventing the return of venous flow for intervals of two minutes with periods of rest, which gives the same effect as bleeding. The cardiophone is a storage battery instrument of the telephone type, by which sound is electrically conducted for some distance (one room to another) by means of insulated wires, and can be used during operations, anæsthetics, or where a patient is nervous, and can be better observed at a distance and overcome any possible neurasthenic effect produced by the contact examination.

On motion of Dr. W. D. Haines a vote of thanks was extended to Dr. Lilienstein for the presentation of his instruments.

On motion of Dr. Stewart the time was then extended in order that the new president, Dr. Reed, might consider some legislative points.

Dr. Reed then asked for a motion to have all the program committees appointed at the next meeting, January 20. The motion was made, seconded, and carried.

The Chair then, on motion duly seconded and carried, appointed a committee to consider ways and means to reduce the running expense of the Academy and the advisability of continuing the

publication of The Weekly Bulletin. The following committee was appointed: W. D. Haines, A. G. Drury, Edw. J. Pirrung.

On motion, seconded and carried, a committee was appointed to consider the best methods to use in presentation of specimens. The committee is Chas. T. Souther, W. D. Porter, C. E. Caldwell.

Academy adjourned to a very delightful social session, lunch, and smoker.

Annual Report of the Secretary.

Mr. President and Members of the Academy:

The secretary desires to present the following annual report: A regular meeting has been held of the Academy of Medicine every Monday night, except during the regular summer vacation and holidays. The regular secretary has been present at all but three meetings, at which time he was out of the city. The year has been a very interesting and flourishing one for the Academy. There have been forty-two scientific papers read and discussed during the year. Collectively 190 members have taken part in the discussion of papers and case reports.

There have been seventy-two case reports read, representing a very much larger number of cases, as some reports were on a large number of cases. There were forty-two patients presented to the society during the year and forty-two specimens, representing a very large and varied class of surgical work of a general and special kind.

On several occasions we had addresses by distinguished visitors, notable among whom are Dr. A. B. Davis, of New York; Dr. O. G. Pfaff and Dr. Brayton, of Indianapolis; Chas. Richmond Henderson, of Chicago; Dr. L. V. Hamman, Johns Hopkins; Drs. Kassell and Healy, Lexington, Ky., and Dr. P. G. Heinemann, Chicago.

I desire here to especially thank the members of the program committees for their very prompt work, and to commend them for the very excellent, high-class programs we have been able to present. At no time have we had any trouble to obtain a very excellent and full program.

Case report nights have been noteworthy for the number and

eminently scientific character of the cases reported. Discussions have been as free as the time at our disposal would permit.

The Progress Committee deserves credit for having been instrumental in adding twenty-four new members, after so vigorous a campaign as was carried on during 1911 by their worthy predecessors.

Death has removed from us three of our distinguished members—Dr. E. S. Ricketts, Dr. A. B. Isham, and Dr. T. C. Minor.

There have been seven resignations, mostly for the reason that the members moved away and became affiliated with organizations in other States.

Total attendance for thirty meeting nights was 2,220, an average of seventy-four members.

New instruments and apparatus were presented by Dr. E. M. Baehr, Dr. W. E. Schenck, Dr. B. M. Ricketts and Dr. A. E. Osmond.

We have had two annual reports from the Milk Commission presented during the year, one on May 6, 1912, up to July 31, 1911, and one on December 2, 1912, up to July 31, 1912.

There was one special meeting called by the president to pass suitable resolutions on the death of Dr. Edwin S. Ricketts.

Two joint meetings were held, one with the First Councillor District Society and one with the Ohio Valley Druggists' Association.

The Bulletin has been published weekly, and an effort has been made to have it contain brief extracts of papers, case reports, and discussions. We have adhered strictly to the scientific part of the discussion; nothing of a personal nature has been given any space in The Bulletin. It will be appreciated by the editor if essayists will submit short abstract of their papers for The Bulletin.

Chas. T. Souther, Secretary.

Annual Report of Board of Trustees.

Dr. Zinke reported that the trustees are unable at this time to make a report because of the fire at the Carlisle Building. The branch of the Provident Savings Bank and Trust Co. have the

papers in the safety vaults, which can not be reached until the ruins are cleared. Report will be made later.

The President, Dr. Charles A. L. Reed, read the names of the regular committees to be appointed by the Chair and briefly outlined the duties of the various committees.

A report was read by the committee appointed to consider the best plan to use in the presentation of specimens, as follows:

"Your Committee on Presentation of Specimens begs leave to report as follows: We advise that a suitable table be prepared for the reception of specimens, and that the exhibitors be requested to place specimens on the table at least fifteen minutes before the Academy convenes. Each specimen shall be accompanied by a card on which shall be written a brief history of the case and description of the operation and signed by the exhibitor.

"Further, that the by-laws of the Academy (Article V, Section 2) be so amended as to read:

Order of Business.

"(1) Reading of minutes of previous meeting; (2) miscellanneous business; (3) reports of regular committees and action thereon; (4) presentation of patients; (5) not later than 8:45, regular paper of the evening shall be read and discussed; (6) unfinished business; (7) case reports; (8) discussion on specimens other than by exhibitors."

On motion, seconded and carried, the report was received. Action deferred until second reading, two weeks later, February 3, at which time the matter of changing the by-laws will come up.

Committee appointed to consider ways and means to reduce the running expenses of the Academy and advisability of continuing the Weekly Bulletin reported as follows:

1. We advise the Weekly Bulletin be continued. Suggest, as a means of helping to defray the expenses, that a few advertisements be carried in The Bulletin.

2. That the dues of the Academy be $5 annually, from 1914 on, instead of $4.50.

On motion the first recommendation was accepted. The sec-

ond was received to be discussed on February 3, at the second reading, as it could only be acted on after a second reading.

Dr. Martin H. Fischer presented the work of Dr. Kupka, on the transplantation of ovarian tissue from the female to the castrated male guinea pig, showing influence on the genitalia and mammary glands of the male. After two weeks the change is noticeable. The mammary glands of the male pigs get larger, the animal reduces in weight, the coat gets softer and the animal assumes the characteristics of the female. After six or eight weeks, the change reaches its height and a retrograde change sets in.

On motion of Dr. Pirrung, the 8:45 time was extended to allow the presentation of specimens.

Dr. C. E. Caldwell presented a specimen of breast tumor, reremoved from a woman twenty-eight years old. Gross pathological appearance was that of a sarcoma with cystic degeneration. No sections had as yet been made.

Dr. W. D. Haines reported briefly a case of ulcer of the stomach of a rare type, having probably perforated, and nature protected the area by applying a plug of omentum. Excision did not show any perforation, simply large indurated ulcerated area down to serous coat.

Dr. Lange presented some X-ray plates of cases for Dr. Haines, showing very extensive arborized or tree-like exotosis of the femur; also a case of osseous degeneration of the lower end of the ligamentum patellæ and periarticular tissue about the knee-joint.

Dr. George B. Twitchell read a paper on "Intubation," reviewing briefly the history of the operation from its infancy to the time of the introduction of antitoxin, and comparing the preantixtoxin work and results with the operation since, showing in a very graphic way how the whole picture had changed. He called attention to the necessity of selecting the proper sized tube for the patient, regardless of the age of the child. He claims that when a tube is repeatedly coughed up that it usually means the tube is too small. He spoke of time limit for leaving the tube in; two weeks being about the limit, and forty-eight hours the minimum time for removing. He compared the relative value of tracheotomy and indicated where both procedures might be necessary,

and that intubation was at times necessary to tide over, even after the removal of a tracheotomy tube. He believed that intubation with tubes of increasing size would overcome some of the tendencies to stricture.

Dr. Samuel Iglauer discussed the paper, saying his experience was only since the use of antitoxin, and that, where intubation was difficult, we now have the direct bronchoscopy method, which may be used in certain cases where the diagnosis was uncertain and the clinical appearance was not that of diphtheria. Frequently, where the case is urgent, we have little time for action and must proceed at once. He advised that one always be prepared to do a tracheotomy in all cases where such an emergency might arise. He reported a number of interesting cases that have come under his care.

In conclusion, the Chair desires to urge that the influence of the medical profession in promoting the welfare of the community can be made effective only through the earnest work of the various committees. They have a serious purpose to accomplish and in no instance should any member of a committee accept his or her appointment in a purely perfunctory manner. If any member who has been appointed upon a committee this evening feels that he or she can not discharge the duty assigned, a declination of the appointment is cordially solicited. Each chairman of each committee is requested to call a meeting of his committee during the ensuing week, agree upon a plan of action, and report the same at the meeting of the Academy to be held January 27.

Charles A. L. Reed.

Dr. B. F. Lyle reported for the Committee on Public Lectures, that the committee had a meeting and discussed ways and means; and they desire to submit names to the chair to be added to the committee to increase size of said committee. They further report progress.

Dr. Charles A. L. Reed brought up the matter of National secretary of Agriculture before the Academy, and suggested the advisability of the endorsement of Dr. Harvey W. Wiley for this position in President-elect Wilson's cabinet. The matter was referred to the Committee on Legislation.

The first regular paper was read by Dr. Sidney Lange, on "Serial Radiography of the Stomach, with Lantern Slides and Cinematographic Demonstrations." Dr. Lange took up the history and development of X-ray work of the stomach, and showed a large number of slides to illustrate his personal work and experience. He considers the bismuth shadow very reliable as to diagnosis when a series of plates were properly interpreted. His experience shows that from thirty seconds to three to five minutes time between each exposure gives a very accurate idea of the peristalsis of the stomach. He has not found it necessary to take the pictures so close together. As many as thirty plates for one case are sometimes necessary. A moving picture film was shown at the conclusion of the paper to illustrate the peristaltic cycle.

Dr. Percy Shields read the second paper, on "Infiltration and Induction Anæsthesia. Dr. Shields read a very excellent paper on local anæsthetics. Drawings were presented to show some idea of the special technique. Statistics from foreign hospitals were given to show the increase in the use and application of local anæsthetics, ranging from 6 per cent in former years to 40 per cent in 1910 in some hospitals. Novocaine, ½ per cent solution, was advised to be used as a nerve blocking and infiltration agent (using sterile water as a vehicle, as any alkali alters the value); 1 per cent solutions may be used for direct use in nerve sheath. As much as two to eight ounces of a ½ per cent solution does no harm and is not toxic.

The third paper was read by Dr. Moses Salzer, on "Demonstration of Intratracheal Anæsthesia Apparatus." The apparatus of Dr. Salzer was compact, complete, and cost about $30, with motor and blower, all complete with case. It has been found ample for use on the human as well as on animals. The principle is the same as the apparatus presented by Ricketts in 1912.

Dr. Goodrich B. Rhodes also presented an apparatus that he had been using for intratracheal anæsthesia in animals, which was similar to the one presented by Dr. Salzer. Dr. Rhodes said the field was limited, but that it had a definite place in surgery.

Selected Articles

ARSENIC IN THERAPY.*

By W. F. Barclay, M.D., Pittsburg, Pa.

Medicine, in its history, has been slowly but certainly progressive. It has in its progress been studied, considered and reconsidered in the continuous exaction of scientific truth. The decades of our professional lives have added line upon line, here a little and there a little, making medicine a more certain system of healing the sick. We are not prepared to criticise the knowledge and skill of the past centuries of the profession of medicine, but, in order historical studies, approve the work of those who have preceded us and have left monuments and mementoes of good done for suffering humanity.

Man's work for man assumes a more brilliant aspect in human effort in restrospective consideration of scientific medicine. Advances in medicine are not the ephemeral epochs of a day, but the patient studies and advances of centuries. It is pleasant and instructive to refer to the pathfinders in the profession of medicine. The list is so long that time forbids reference to only a few of the earlier physicians who did so much for God and man in the amelioration of human suffering: Galen, Aristans, Paracelsus, Vesalius, Servetus, Pare, Cavendish, Steele, Hunter, Jenner, Laennec, Semmelweis, Schieden, Schwan, Darwin and a large number that have followed in the footsteps of the founders of medicine. The fundamental principles in medicine were established centuries ago in the establishment of the basis of scientific study of anatomy, physiology, obstetrics, surgery, theory and practice of medicine, chemistry and toxicology.

Time has not added much to that which was known and written in the centuries that have been chronicled in the past. We have a great deal to inspire and encourage us in a continuous

*Read before the Mississippi Valley Medical Association, Chicago, Ill., October 22-24, 1913.

warfare against disease and death in doing something for the prevention and cure of the ills that make up human complaints. The physical and psychic complaints of mankind are varied and mysterious and there is much that is almost past finding out. Each year adds something of supposed or real value in advancement of medical science; not much that withstands the crucial test of scientific study and investigation. The fortune of finding a pearl in the conglomerate mass of that which is presented and protecting the originator from theft and piracy is becoming more hazardous to originators in their reward for labor done in scientific medicine.

This introduction to a study of arsenic in therapy may seem not in place, but the eclat of investigators in arsenic, chemic and therapeutic science, affirms the wisdom of more than passing notice of of some claims to more study and consideration of arsenic in therapeutics than has been given to any other remedial agent.

The claim, though not our fault, of one man having originated more than nine hundred preparations of arsenic intended for medicinal use and the introduction and unusual exploitation of a number of them, seems to justify our careful and serious consideration of the claim set out: That a large number of lives have been sacrificed and many temporarily and permanently injured in the mad rage and commercial enterprise shown in the want of due care and precaution of truth in inducement and recognition in the sale of a dangerous remedy at an extortionate price. As the profession of medicine has slowly recognized the truth in the drama, another—neosalvarsan—is announced, that may commend itself to consideration of the profession of medicine. Personally, I have given more than thirty-three years of study in the use of arsenic in therapeutics, and, in 1893, announced various compounds of arsenic that have been tried out and known not to be dangerous to life and health.

Not a single accident or one death has occurred from the use of these medicines, but large therapeutic advantage has been attained in treatment of diseases amenable to their use. It is not possible, even under present advanced scientific means of observation, to apply medicines and truthfully report permanent re-

sults, and it can not be certainly affirmed that such results are not fallacious.

The chemic acumen and knowledge essential is not entirely of foreign birth or education, but is to some extent indigenous in the United States. The foreign commercial estimation of physicians has accentuated the subversive and progressive commercial imposition that has caused this country to be a place of fraudulent exploitation and sale of worthless and injurious medicines. The coal tar derivatives of foreign origin and manufacture have done untold harm in the United States, have killed thousands and, at the same time, were labeled non-poisonous and not dangerous to life. Too little attention is given to the introduction of new remedies in their action on the body and misstatements lead up to inordinate use and abuse of them in treatment of diseases. Aspirin is a fit illustration of a dangerous remedy used in the treatment of rheumatism without even a hint as to care that should be exercised in its use. It is essential that attention be directed to the large number of dangerous medicines to life and health, as the profession of medicine, as a rule, is inconsiderate in examination of medicines that are of German origin and manufacture.

The immediate and remote results from the use of arsenic are of vital interest, since the introduction of new preparations of arsenic in chemic form are not well understood, nor the immediate or remote action in poisonous and fatal results comprehended and reported. The latent action of arsenic in impairment of functions and sudden deaths are of immense scientific interest in postmortem investigations. There is a serious lapse of reports on the part of those immediately interested in the manufacture and use of arsenic in the commercial introduction and exploitation of a dangerous preparation of medicine for the use of which unwarranted claims have been promulgated and much injury done to the unwary victims of its unauthorized use and abuse in treatment of syphilis and other diseases. The highway of centuries in the pathway of a disease, which has destroyed and depopulated the people of nations even to the third and fourth generations, is marked by the landmarks of the lives and services

of the best physicians, living and dead, in the profession of medicine. Here and there, from the time of the first account of syphilis until the present time, men of genius and learning have ventured to promulgate new theories in the etiology, pathology and treatment of syphilis. Hunter taught the dual theory of syphilitic infection, and it is yet a serious question as to the nature of true and false infection, soft and hard chancres. I sat for months at the feet of Bumstead, of New York, under his instructions, and I know he failed to differentiate the true from the false infection in his clinics at Blackwell's Island. In fact, he did not know a soft or hard chancre when he saw it, if such distinction existed and could be differentiated.

Mercury has stood the test of ages in its use and abuse, and results have been recorded in the history of medicine. More physicians believe that syphilis is an incurable disease than that it is certainly amenable to any known medicine. We understand and know that syphilis can be modified in its course and arrested in its manifold manifestations, but, too often, the latent results disprove the most sanguine prognosis. I am not prepared to state "once a syphiltic, always a syphilitic," but, after more than forty-six years' experience in medical practice, I am confounded and amazed at any physician asserting that he has discovered the *summum bonum,* or the *sterilizatio sterilisans* of the body from the spirochetæ, or the supposed germ of syphilitic infection. In a long experience in the treatment of syphilis, mercury alone in varied combinations has modified and removed syphilitic manifestations. The restoration of normal health is the paramount evidence of cure of syphilis. The restoration of health emphasizes the value and efficacy of all treatment of syphilis. Time alone justifies conclusions for the basis of reasonable opinion that establishes final satisfaction of freedom from the cure of syphilis, let it be what it may, from which mankind has suffered for ages. The oft-recurrence of the disease in its varied forms, when opinions and assurances had practically been the means that had caused dismissal from the page of recollection, bids care and caution that precludes mistake. The experience of decades in the practice of medicine prepares physicians for candid, honest medi-

cal practice which avails in public benefit and estimation of the profession of medicine. Not a little in medicine is fallacious, needs reconsideration and revision. The mistakes in medicine tend to skepticism in the profession and more especially amongst the people who look for and expect the best that medicine affords in prevention and cure of disease. The medical profession is not consistent in its tenets in recognition of its scientific effort and advancement or in its recognition of advances in medicine. The mendacity of appropriation of that which morally, legally and ethically belongs to another, precludes the rights of justice and equity. I condemn and disparage all who in any manner appropriate that which rightfully belongs to another, more especially in the profession of medicine. It is not consistent to proclaim preëminence in a code of moral excellence in beneficence and abridge the just rights of others. The introduction of original observation in medicine is more than reasonable beneficence. It is attended with vast research in time essential to accurate observation, in collection of facts and data sufficient to warrant announcement of origination in therapeutic discovery and advancement in medicine. Medicine is limited in its progress by exploitation of injurious and worthless medicines manufactured and foisted on the profession of medicine for commercial purposes. Much harm is done to the sick, and the profession is injured by the use and abuse practiced by manufacturers of medicines. It is a legitimate field of human effort, in fact scientific effort, but not of commercial enterprise, always for advantage in dishonest empiricism.

The numerical announcement of arsenic in varied forms is of no scientific interest or advantage if not accompanied with careful and honest scientific investigation in therapeutic advantage in medicine. It has not been the fortune of Ehrlich to discover the virtue in scientific chemic combination of arsenic that is most useful in medicine or to place his name in medical research and discovery beyond the realm of suspicious adventure. The apparent effort in exploitation on the part of Ehrlich and the physicians who have made unqualified statements in regard to "606" bears evidence of unqualified fraudulent intention to mislead the

profession of medicine. I am now well satisfied, after careful study and observation, that arsenic uncombined has never cured one case of syphilis, but modifies the disease and masks its manifestations for variable periods of time. Arsenic, like its congener, modifies the general manifestations of syphilitic infection, but the disease always recurs, and, as a rule, in a short period of time. No physician who has had experience in the treatment of syphilis ventures more than a qualified opinion in the prognosis of syphilis. The barren statement of Ehrlich is not sufficient to mislead careful men in the profession of medicine. The rapid modification of the manifestation of syphilis will mislead the inexperience and careless observer, and more especially the dishonest quacks and charlatans. Salvarsan is a facile remedy to mislead and impose upon the unfortunate sufferers of syphilis.

The accidents that have occurred from the use of arsenic are inexcusable and appalling. Just why those physicians who have caused destruction of life and impaired health are not held accountable, morally, and legally, surprises and astounds physicians who care to render account for mistakes in medical practice.

The establishment in the United States of foreign fraudulent monopolistic medical productions by purveyors under the protection of law is a more certain protection than is afforded to American citizens. It is not consistent with natural physical law that retention and accumulation of that which is taken into the body is not consonant with living economy in furtherance of normal physical life. The repair and waste in physical life must be consistent with natural physical laws under varied environment.

The continued study of arsenic for over thirty-three years enables the formation of conclusion of facts that are interesting in determination of data that is a continuous advancement in therapeutic science. The results attained are sufficient to qualify and establish statements that are real and defensible in research work.

More serious statements may disprove and annul fictitious claims in medical science calculated to mislead and ultimately disparage scientific proof. Accidental discovery in medicine is not evidenced in historical records in medical science, but rather conscientious research avails in establishment of lasting benefits

in amelioration and cure of disease. Time must establish the accuracy of claims set out in announcement of advantages derived from unusual medical treatment; immediate and remote results must determine the benefits derived from medicine used in treatments of diseases. The accumulation of arsenic in the body and its poisonous action is a menace to life and health. The elimination of arsenic through the various emunctories of the body, when it has accumulated in the tissues, has defied chemic and therapeutic skill in medical science. The problem solved, then, arsenic is a safe and useful medicine that has a definite and positive action.

The intimate study and observation of arsenic in definite combination that can be administered in doses sufficient to insure its benign action, I accomplished over five years ago in a definite chemic formula. One-sixteenth of a grain of arsenic to each ten drops has solved the ultimate expectation in medicine in its therapeutic results. There have been practically no unpleasant effects from its administration, immediate or remote. It acts as a powerful eliminant and tonic. The functions of the body are excited to an unusual degree in their equilibrate performance of their eliminative activity. The skin, the kidneys, the salivary glands, the bowels and the entire excretory system of the body is in unusual and constant state of hyper-activity. The powers of waste and repair are stimulated to such a degree that increased appetite and assimilation of food add to the general tone and increased nutrition of the entire body. The vascular system assumes a normal circulation of the blood and congestive conditions are dispersed in equilibrate circulation of the blood and normal warmth of the extremities with general comfort in healthy conditions consistent with vital action, vigor and strength. The consistent results have been in continuous study and notation of facts of care and treatment of diseases. More especially in diseases of the vascular system, arsenic has been of great advantage. The condition known as sclerosis, or hardening of the blood vessels, is gradually removed by arsenic in combination more certainly than by any other remedy. Arsenic in combination with gold, as in arsenauro, is a remedy of all medicines useful in treatment of hemorrhagic effusions which cause paraplegia, hemi-

plegia, and all diseases arising from vascular degeneration. The continued use of arsenic or arsenauro in tabes dorsalis is of more value in arrest and cure of this disease than any other known medication. We understand that destruction of the nervous centers, partial or entire, is irreparable, but we know that arrest of the disease is possible and the disease itself curable. Persistent, prolonged use of arsenauro is a certain curative remedy, and no injury arises from its use. Arsenic in a more recent combination is a still more useful preparation of medicine, and illustrates the benign action of arsenic in combination when compounded to insure its ready and prompt elimination from the body without semblance of its poisonous action, immediate or remote. Over five years ago I used this compound of arsenic in treatment of syphilis, and accepted the results obtained as the ultimate solution of treatment and cure of this disease.

Further observations of patients taught me that the subsidence of lesions of the skin and mucous membranes was transitory and the disease recurred. It seemed the disease was in arrest and resumed its activity at the point in its apparent arrest with greater activity and virulence. It is a question of serious moment if arsenic should be used at all in the primary and secondary stages of syphilis, but rather, if at all, like iodine in the tertiary stage. I had used large doses of arsenic in treatment of syphilis prior to Ehrlich's announcement, and was in a position to look upon his claim with incredulity. In a paper published in The Lancet-Clinic, I warned the profession of medicine against Erhlich's claims, which has recently been approved by the profession of medicine as timely. The compound used by me was originated over five years ago, and, since that time, its continued use teaches me that enormous quantities of arsenic are not advisable or reasonable, but injurious and harmful to the sick. I have administered one-sixteenth of a grain of arsenic, three or four times daily, without observing any unpleasant results from its use. I am confident if it had not been rapidly eliminated serious results must have followed its administration. I begin with five or ten drops, three or four times daily, and have not observed that increased dosage is advantageous. The dilution of medicine en-

hances its absorption, hastens its action and elimination. It is possible for the body to tolerate a limited quantity of arsenic for a short time without toxic effect. It is therefore important to facilitate its elimination. The similarity in the action of arsenic and mercury on the body and the toxic effects bear a close analogy, and it is true that both are readily cumulative and toxic. The excretory glands are over-excited in elimination, and the poisonous effects plainly visible in engorgement and tumefaction of the glandular system. The vital power to eliminate poisons plainly indicates systematic toleration. The rational conclusion in therapeutics plainly indicates rapid elimination of arsenic in medicine and its accumulation in the body its tolerance.

The poisonous and injurious effects of arsenic in medicine induce peculiar susceptibility to its action and intolerance. The tolerance of mercury is limited by its poisonous effects which are permanent. The same observation is true of arsenic, and precludes its use and beneficial administration after its abuse. It is a well-known truth, based on actual observation and experience, that mercurial poisoning of ptyalism induces intolerance and precludes the use of mercury in treatment of diseases. The susceptibility to the poisonous effect of mercury after toxicity has been induced forbids its further use even when it is indicated. The intolerance is manifest in disturbances in the entire digestive system, in loss of appetite, salivary excitation, increase in salivation, diarrhea, malnutrition, impaired metabolism of the blood. A like tolerance of arsenic is induced by its misuse and abuse even of a more serious character in its immediate and remote effects. There can not be a question as to the evil results that follow the abuse of arsenic in reports and facts made known and accounts given to the profession of medicine by physicians capable to observe and make accurate observations. The mention of a positive conclusion is that arsenic combined so it can be used in medicine without poisonous or injurious effect is chemic and therapeutic scientific skill in medical science. Excessive dosage without rapid elimination is dangerous to life and health and of no therapeutic advantage. Mercury is analogous to its congener, arsenic, in treatment of syphilis, and is the same of medical treat-

ment in lasting permanent results. Arsenic, like iodine, modifies syphilitic manifestations promptly, but never cures the disease. Arsenic in the treatment of all skin lesions and diseases of the mucous and serous membrane is of great advantage and gives prompt and permanent results. Arsenic in treatment of rheumatism is a specific in chemic combination which insures rapid elimination. No remedy is of more scientific interest and less understood by the profession of medicine.—*The Lancet-Clinic.*

Extracts from Home and Foreign Journals.

SURGICAL

Retrocecal Appendicitis.

Dr. Jabez N. Jackson(of Kansas City, Mo., described four separate anatomical subvarieties of the general postcecal type. (1) The appendix, possessing its usual mesentery, was only distinctive in the fact that it ran upward along the outer side of the colon which overhung and confined it in the limited peritoneal space external to the colon. (2) Another type ran upward external to the colon under cover of the peritoneum of the posterior parietes which formed its investment, usually incomplete, on its posterior circumference, and even though complete not furnishing a mesentery proper. (3) Again, he had found the appendix running up along the external wall of the colon itself and invested by its proper tunic and likewise without mesentery. (4) In the fourth type the appendix ran upward directly behind the colon beneath which it was buried in connective tissue entirely, and had no direct peritoneal investment whatsoever. In the retro-peritoneal type we might permit embolic infection of the liver with multiple abscesses entirely beyond any hope of relief by surgical means or otherwise. He would, therefore, emphasize the need of early diagnosis and early removal of the appendix as particularly indicated in this anatomical type of appendix.—*Medical Record.*

Nerve Grafting.

Duroux reviews the history of nerve grafting, stating that the first successful work of the kind was done in France in 1870 (Philipeux and Vulpian), but Albert in 1876 reported the first successful nerve graft in man. Duroux then gives an illustrated

account of a case in which he successfully bridged a gap of 15 cm. in the median and ulnar nerves with a graft from the sciatic of a dog. This was the third operation that had been done on the nerves after they had been severed by a deep transverse cut in an affray a year before the grafting operation. He tabulates the details of twenty-two cases of nerve grafting from the literature. In his own case sensibility returned in the hand and fingers within a month. The motor functioning, however, although satisfactory, is far from perfect, probably on account of the months of atrophy of the muscles before the operation, the inflammation of some of the joints, and the results of the ligation of the brachial artery which had comprised the nourishment of the tissues to a certain extent. As a rule, grafts from the same species are preferable. The slowness with which the sensibility and motor functioning return is striking; in a very few of the cases on record was the interval so brief as in his own case. From the sensory point of view the outcome is almost perfect. He ascribes his success to his care to preserve and implant with the graft all its surrounding cellular and vascular tissue. The nerve graft was thus nourished by its own tissues until it had taken root in its new home by adhesions and newly formed vessels. The continuity of the nerve was realized by the side-to-side juxtaposition of the different segments of the nerve, with consequent formation of actual neuromas at the central and peripheral points of junction.—*Journ. of the Am. Med. Assn.*

Treatment of Leg Ulcers.

Norregaard states that he has applied in 560 cases of varicose ulcers on the leg a simple office treatment which has given constantly satisfactory results, curing in many instances ulceration of many years' standing. In one case the patient had spent so much time in bed on account of his ulcer that it totaled several years out of his life. The main point is the wearing of an elastic bandage all the time, just as a person subject to hernia wears his truss. The next essential is to keep the leg clean and free from chemicals. The physician must carefully instruct the patient in

the right way to keep the leg clean. He ascribes his success in large part to this careful instruction of the patient. The elastic bandage is made of loosely twisted cotton woven over long strands of rubber, the whole forming a soft, elastic webbing. It is applied to expel the blood and is drawn as tight as the patient can bear and worn as close to the skin as the secretions permit. At night the bandage is removed and a compress moistened with dilute silver nitrate or boric acid solution applied. In the morning the ulcer and its environment are rinsed off with pure cold water or dilute boric acid solution. Then the ulcer is covered with thin rubber tissue cut out a little larger than the area of the ulcer and dipped in cold water, then with the elastic webbing, not drawn too tight. If the secretions do not soak through too much the bandage is not removed till night. Any spots on the bandage can be washed off with soap and water and a nail brush, and the bandage can be dry for the morning. The bandage is preferable to an elastic stocking, as it fits better and permits evaporation and ventilation of the skin. The ulcers heal generally in six or seven weeks; sometimes large ulcers heal more quickly than small. Norregaard queries why the leg and the stomach seem to suffer most from ulcers, and he answers his query by pointing to the influence of gravity. Treatment must aim to relieve the lesion from the influence of gravity. He has his patients return about twice a week, and each time the cleansing process is repeated until he is convinced that the patient can attend to it properly himself.—*Journ. of the Am. Med. Assn.*

MEDICAL

Alcohol, Effect of, When Injected Into Nerves.

Nerve-tissue from a case of supraorbital neuralgia in which an injection of 80 per cent alcohol into the nerve had been given nine months before was studied by the authors. One c.c. of the alcohol had been injected into the nerve in various directions under visual control, and the fragment examined was taken from the point injected. Neighboring uninjected nerve-tissue was

also examined for comparison. The conclusion reached was that the only histological changes produced were those indicating a mild degree of interstitial inflammation, not appreciably modifying the structure of the nerve, not altering its fibers, and which might, in fact, have been merely the result of the denudation to which the nerve had been subjected at the time of the injection. Under these conditions the statement is warranted that the introduction of 80 per cent alcohol into a nerve trunk causes no lasting vital alteration. While this does not detract from the practical importance of deep alcohol injections in neuralgic conditions, it shows that 80 per cent alcohol is not certainly a neurolytic agent.—*Monthly Cyclopedia and Medical Bulletin.*

A Simple Mechanical Method of Arresting Epistaxis.

Amongst a number of methods which he describes for relieving neuralgic pains in various parts of the body as well as other conditions, by simple manipulations with the hands, Nägeli, in a book on the subject, details a procedure for arresting epistaxis, which is as simple as it is ingenious. The technic of the manipulation is as follows:

The patient sits upright in a chair, and the operator standing behind him allows the index fingers of both hands to rest beneath the body of the inferior maxilla on either side, while the thumbs behind the angle of the jaw rest upon the occiput. Gentle pressure is then made upwards upon the head, which at the same time is extended backwards as far back as can be comfortably borne by the patient. The muscles of the neck are thus put on the stretch. In this manner an artificial anæmia is set up in the vessels of the head and likewise in the smaller vessels of the nasal mucous membrane, causing an arrest of the epistaxis.

The procedure should last no longer than from one to two minutes, for the anæmia produced may be so marked as to cause a partial or complete loss of consciousness. Nägeli ascribes the anæmia thus produced to the pressure of the neck muscles upon the large venous trunks of the neck. Ritschl (*Munich Med. Woch.*, October 22, 1912), who has tried the method successfully

a number of times, ascribes the anæmia to the stretching of the cervical sympathetic nerves, resulting in a vaso-constriction of the large and small vessels of the head—*Med. Review of Reviews.*

OBSTETRICAL

Carcinoma of the Female Genitals.

Theilhaber (Arch. f. Gyn.) says that the statistics as to final results thus far presented by different schools of operators, do not permit us to draw conclusions which are of absolute significance. Experience seems to show that in carcinoma of the body of the uterus, the total vaginal extirpation may be regarded as the best procedure. The number of patients cured by this means is relatively large. An invasion of the parametrium usually occurs late, and if the extension has once taken place, the carcinomatous process has extended so far that even an extirpation of the parametrium can not result in a cure. Moreover, the patients are usually older women in whom extensive operative procedures, especially by the abdominal route, are very dangerous and for this reason the simple vaginal hysterectomy is usually preferable. In cases where the carcinoma is derived from the cervical mucous membrane, it is usually necessary to remove the entire uterus with the parametria, especially if the growth starts from the upper portions of the cervix. Where the carcinoma begins in the lower segments of the cervical mucous membrane, and in which it has not extended upward, or where the parametrium remain free, the case does not, as a general thing, come under observation and treatment, because in this stage the new growth is productive of very few symptoms. Here, a partial excision, including the cervix, is as much justified as a radical operation, but if in a case of this kind, the parametria has become involved, a radical operation offers a better prognosis. In a carcinoma of the vaginal portion of the cervix without evident infiltration of the parametrium, no definite conclusions as to the treatment can be arrived at. He says that the best results attend a partial extirpation and that the good effects obtained by the older proced-

ures with the thermocautery should not be discarded. It may be possible that the heat rays proceeding from the cautery exert a similar effect as that of the Roentgen and radium rays, and that absorption of some of the neighboring carcinoma cells may occur. Theilhaber is therefore in favor of extending renewed attention to the palliative operations by means of the thermocautery. —*Charlotte Medical Journal.*

Pituitary Extract in Obstetrics, Use of.

The author's experience with pituitary extract has led him to the following conclusions: It is inactive in the presence of fever. It is a powerful galactogogue. It stimulates uterine contractions in from fifteen to thirty minutes after being injected intramuscularly. It causes a rise of blood-pressure and slowing of the pulse, the highest pressure occurring between twenty and thirty minutes after the injection. It does not cause an inflammatory reaction at the site of the injection or any noticeable nervous symptoms.—*Monthly Cyclopedia and Medical Bulletin.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly umbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail. either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M. D. corner Summer and Union Streets, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

SPINAL ANALGESIA.

We are in receipt of a reprint by William Seaman Bainbridge, Sc.D., M.D., New York, on the subject of spinal analgesia, with summary of personal experience in 1,065 cases in which the method had been successfully employed. Biers' discovery of the method in 1899 was at once the signal for surgeons all over the world to resort to the subarachnoid injection of cocain for anæsthetic purposes, and its extensive use in its experimental stage with an undetermined dosage and imperfect technique was followed by so many disastrous results and unpleasant symptoms that the method soon feel into apparently complete disuse, and few, even while acknowledging its advantages, had the courage to persist in its use. The writer used it in a limited number of cases early in 1899, and while the anæsthesia was all that could be asked, and all subjected to the test recovered, the disagreeable, even alarming symptoms that followed in several cases were sufficient to deter from further trial. Interest was awakened in 1911 by the visit of Jonnesco, of Buda Pesth, to this country, who operated under the injection of stovaine and strychnine, making his injections at all levels, thus obtaining more universal analgesia. Careful experimentation has resulted in a settled dosage of the different drugs used, and has rendered the procedure safe. The drugs used most frequently are cocain, stovain, novacain, tropacocain, beta-eucain, beta-eucain lactate, holocain hydrochloride, orthoform, anæsthin and other agents. The technique

of the method has been carefully elaborated. The method after its rise and fall and rise again is now an accepted one with the profession, and in cases in which it is indicated, such cases as for various reasons inhalation anæsthesia is contraindicated, is of undoubted value. The record presented by the distinguished surgeon in this reprint is remarkable — 1,065 cases with but one death, and that due to status lymphaticus. An additional case, No. 1,069, has been added to this series in which death occurred, but as the showing of the autopsy made upon the patient, death was attributed to a complications of lethal pathological findings not often found in a single person. The coroner's inquest completely exonorated all concerned from the death. As a matter of curiosity we enumerate the postmortem findings in this case. "Marked œdema of the brain, myocarditis, atheroma of the aorta aoctic insufficiency; emphysema of lnngs; chronic interstitial splenitis; chronic gastritis; chronic enteritis; chronic interstitial nephritis. Spinal chord showed no gross lesion."

Surely this patient did not need any out of the way procedure to bring him to an end. It is only remarkable that he lived long enough to have the method tried upon him. The reprint is a valuable lesson to the profession in that it shows what a degree of safety and perfection a once popular but rapidly discarded and discredited method can be brought by patient study and careful experimentation. The author is to be congratulated upon his scientific work in establishing upon a firm basis a procedure that has undoubted merits, and that has a determined place in surgery, though its field of usefulness will always be limited.

Need of University Students to Study Man.

The Editor:

My Dear Sir—If I were able, I should be glad to write to every university student, who is interested in the scientific and sociologic study of man, especially criminal, pauper and defective men. I trust, therefore, you will publish this letter, and I request each student to regard it as a personal letter to himself, and

whom I shall be pleased to help all I can, should he desire to devote his life to the fundamental study of social pathology.

I appeal to university students to direct their attention more to the scientific study of humanity. It is a cry to "Come over into Macedonia and help us." Let the university encourage students more to take up these subjects which have been so long neglected and in which there are great opportunities to aid humanity, directly, by scientific investigation of the causes of crime, pauperism and defectiveness, in order to prevent and lessen them through knowledge gained by first-hand study of the individuals themselves.

When a student chooses for his life work a subject in the older branches of knowledge—as physics, philosophy, philology, Greek, Latin, and natural history—he finds the field somewhat well developed; but not so in more recent sociological lines of research—as criminal anthropology (criminology, shorter term), and other cognate subjects, in which there is full opportunity for mental acumen and scientific ability of the highest character, to carry out most lofty purposes.

The question may arise as to what course of study will prepare one best for such work. I would suggest the following:

1. A two years course in psychology, especially laboratory work.

2. Medical studies to the extent of anatomy, physiology, general pathology, nervous disease and insanity (especially clinical studies).

3. A practical course in craniology in the laboratory.

4. Facility in reading modern languages, especially German and French.

Thus, social pathology, especially criminal anthropology, one of its branches, requires more extensive preliminary training than most subjects, for it involves the investigation of man, both mentally and physically. Such training is synthetic, which in this age of specialism, is much needed. As such education is relatively new, and experience in it as yet limited, it is difficult to designate a preparatory course. I have myself followed the course of study just indicated, but more extensively, especially

in medical lines, but such additional preparation might not be practicable for most students.

The leaflet entitled, "Study of Man," explains the work more fully, and I shall be glad to mail it to any student gratis who will send me his address. As I have said in this leaflet, "Criminals, paupers, mattoids, and other defectives are social bacilli, which require as thorough scientific investigation as the bacilli of physical diseases."

I beg leave to remain, Most faithfully,
"The Congressional," ARTHUR MCDONNELL.
Washington, D. C., January 21, 1913.

THE A. A. A. S.

The American Association for the Advancement of Science held its sixty-fourth annual session at Cleveland, Ohio, from December 30, 1912, to January 4, 1913. There were in session at the same time other scientific bodies, numbering about twenty-five, which were affiliated with the main body. An idea of the reach and scope of these societies might be gleaned by naming two only to save space. The American Association of Economic Entomologists and the Society of The Sigma. At the opening general session the retiring president, Dr. Charles E. Bessey, introduced the President-elect, Dr. Edward C. Pickering, of Harvard; Mayor Baker, of Cleveland; President Thwing, of Western Reserve, and Dr. F. M. Comstock, representing the Chase School of Applied Sciences, made addresses of welcome, which were replied to by President Pickering. The annual address was then delivered by the retiring president. The attendance was about one thousand. Seventy-five new members were elected and two hundred and fifty were elected Fellows. It was resolved that the next meeting would be held in Atlanta, Ga., and it was recommended to the next general council that the meeting for 1914 be held in Philadelphia, and that the summer meeting for 1915 be held in San Francisco. E. S. Wilson, Columbia University, New York, was elected the next president. Cleveland is a spraddled out town—a cross between Cincinnati and Chicago

She did not spread herself much to entertain the association. Most of them, apparently, did not know the "scientists" were there. Some crafty Clevelander is carrying my umbrella and wearing my eye glasses.—*E. S. McK.*

Diabetes-Mellitus.

I am undertaking an exhaustive research into the pathology, etiology and dieto-therapy of Diabetes-Mellitus. I am very anxious to hear from every physician in the United States who has a case under treatment, or who has had any experience in the treatment of this malady. Van Noorden says "the best treatment for the diabetic is the *food* containing the *greatest* amount of *starch* which the patient can bear without *harm.*" If any physician who reads this has similar or contrary experience, and would take the trouble to write us, I would esteem it a special privilege to hear from him, if only a postal card.

Kindly address William E. Fitch, M.D.
355 W. 145th St., New York City.

Medico-Legal.

An operator at a scarlet fever hospital sought compensation, because in the exercise of his duty he had contracted scarlet fever. The evidence showed that he was or might have been exposed to infection, and that he suffered from the disease, and the county court awarded compensation. The Court of Appeal annulled the award, on the ground that there was no evidence to show that the infection was an accident. It could not be held that there was an accident whenever an attendant in a hospital contracted an infectious disease present in the hospital. There must be proof of time, place, and circumstances in which the alleged accident occurred.—*E. S. McK.*

A suit for nullity of marriage was sued for by two parties, each alleging that the other was unable to consummate the marriage. The report of the medical examiners was to the fact that

there was no evidence of physical incapacity on the part of either, but that examination of the woman was to the effect that showed that the marriage had not been consummated. The judge, after hearing the evidence of both parties, was of the opinion that the marriage had not and could not be consummated, that neither party had committed perjury, but that their stories, each assigning the defect or fault to the other, were inconsistent. He declared himself unable to say why the marriage had not been consummated, but was satisfied to annul it on the petition of both parties.—*E. S. McK.*

Our Premium.

We are sending out sample copies of the Journal every month, and call the attention of every one who receives a copy to our offer of a premium to every new subscriber. See advertisement for particulars.

We are indebted to our courteous contemporary, Dr. Deering J. Roberts, for galley proof of the article by Dr. G. Frank Lydston, which article appeared in the February number of the *Southern Practitioner,* an article that we take pleasure in publishing in this Journal, as it deals with questions of vital importance to the entire medical profession.

Reviews and Book Notices

Mechanical Vibration. Its Physiological Application in Therapeutics. By M. L. H. Arnold Snow, M.D., Author of "Mechanical Vibration and Its Therapeutic Application." Professor of Mechanical Vibration Therapy in the New York School of Physical Therapeutics; Associate Editor of the Journal of Advanced Therapeutics; Late Assistant in Electro-Therapeutics and Diseases of the Nervous System in the New York Postgraduate Medical School, etc. Published by The Scientific Authors' Publishing Co., New York. 1912.

This is a useful text-book and guide to that part of the medical profession who desire to become familiar with certain phases of drugless therapy. It is claimed by the author that mechanical vibration is one of the most valuable agents in physical therapeutics. It has an extensive field of usefulness of which spinal stimulation and inhibition constitutes a large part. Massage and osteopathy have become popular with the people, and this treatment by mechanical vibration supplements, if it does not supplant, these methods of treatment, which are for the most part in the hands of ignorant and unscientific pretenders. The work is well prepared and well arranged and will be of great service to those of the profession interested in drugless therapy. The work is well illustrated throughout and its text clear and concise. We take pleasure in commending the work to our readers.

The Surgical Clinics of John B. Murphy, M.D., at Mercer Hospital, Chicago. Volume I. Number VI (December). Octavo of 153 pages, illustrated. Philadelphia and London. W. B. Saunders Co., 1912. Published Bi-Monthly. Price per year: Paper, $8; Cloth, $12. W. B. Saunders Co. Philadelphia. London.

We acknowledge with thanks to the publishers the receipt of Vol. I, No. 6, of the Surgical Clinics of John B. Murphy, M.D. As with all the preceding numbers of this excellent serial publication, this number is replete with interest and important information. The methods of this distinguished surgeon are decidedly progressive, and the descriptive and analytical lectures are incisive and clear. The subscriber to this serial in studying these

lectures culls benefits almost as great as if he sat at the feet of the great surgeon when he operates and lectures. As usual, feats in bone surgery predominate in this volume, and every clinic shows the wonderful advances in osseous surgery accomplished by this master.

Second Annual Report of the States Charities Commission to the Hon. Charles S. Deneen, Governor of Illinois. Springfield, Ill., December 31, 1911. Illinois State Journal Co., State Printers. 1912.

We are in receipt of this carefully prepared report of the State Charities Commission of the State of Illinois. The functions of this commission are to improve the means of caring for the wards of the state and to correct abuses that exist in state institutioins provided for the care of helpless and criminal individuals. There exists a wide and fertile field for cultivation and improvement in every state, and the work of this commission is to be commended, and should be imitated in every state. This report is exceptionally well gotten up, and shows that the commission is up to its work, and that it is accomplishing untold good in its activities.

Golden Rules of Surgery.—Vol. I of the Golden Rule Series. Especially intended for students, general practitioners, and beginners in surgery. By Augustus Charles Bernays, A.M., M.D., F. R. C. S., Eng., Life Member of the German Society for Surgeons of Berlin, Chief Surgeon Lutheran Hospital and for Twenty Years Professor of Anatomy and Surgery, St. Louis. Second Edition. Revised and Rewritten by William Thomas Coughlin, M.D., Prof. of Surgery, Chief of Clinic, St. Louis University Medical School, St. Louis; 280 pages. Octavo. C. V. Mosby Co., St. Louis. Price, $2.25.

The entire absorption of a large first edition of the Golden Rules of Surgery made necessary the issue of the present one. Its enlargement and elaboration by the junior author has made it possible to cover the entire field of surgery in a thorough and systematic manner, at the same time preserving the character and charming style that made the first edition of this book popular.

In reviewing this volume, one is struck with the force of each statement, showing that the authors have weighed well the idea

to be conveyed and have striven to present the thought to the reader in a convincing manner.

One is surprised to find cardinal principles enunciated in a sentence, which in ordinary text-books and systems can only be found after careful dissecting page upon page. How easy it is to forget facts is impressed upon one after reading this volume over again and again. It can be truthfully asserted that to read this little volume over and over will so acquaint one with the fundamental truths of surgery that a view-point of this science and art will be obtained that will redound greatly to the credit of the reader.

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Proceedings of the Sixth Annual Meeting of The Association of Life Insurance Presidents.—Held in the Hotel Astor. New York, N. Y. December 5 and 6, 1912.

We acknowledge the receipt of this volume of proceedings of the Association of Life Insurance Presidents, an organization which was founded six years ago. It represents great wealth and interests of the greatest importance to the people of all sections of the country. In these transactions we have read with great interest an address before the body by the Baby Senator from Tennessee—Senator Luke Lea—which is an eloquent plea on the call of the South for insurance investment. He contends, very properly, that the reserve funds from paid up premiums should be available for investment in the sections from which the premiums have been paid. The papers presented are, one and all, of the greatest interest and will be read with profit and advantage everywhere.

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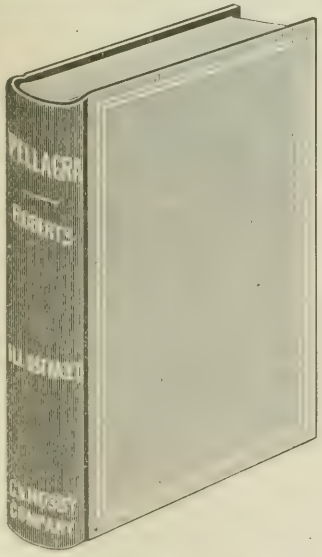

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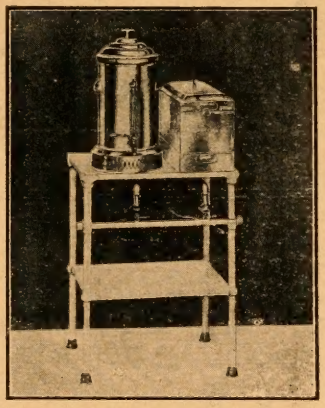

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